## **Independent Citizens Redistricting Commission**

Application Review and Quality Control Sheet

Applicant Nat	me: Carmen Dol	ores Llanes	Pulido	
Date Receive	7/18/10	Applicant Number:	10267	
Date Received	u:	-1-1		
Recommende	ed Applicant Pool Status:	Final Applica	int Pool Status:	
Included	Removed	☑Include	d Removed	
REQUIREMEN	NTS:			
1. Was the app	lication received before the sub	mission deadline?	√Yes □No	
If NO, lis	t time/date application was rece	ived:		
2. Is the applic	✓ Yes □No			
If NO, list the item(s) that need to be completed:				
3. Indicate hov	v the applicant responded to the	e following questions:		
A. Student enrolled in a college/university in the City of Austin?			□Yes ☑No	
If YES, co	onsider I and ii only; If NO, consid	er I, II, III, and Iv:		
ī.	Reside in the City of Austin?		☐Yes ☐No	
ii.	Registered to vote in the City of	Austin?	☐Yes □No	
iii.	Continuously registered to vote	in the City of Austin?	ZYes □No 1 Yes □No	
īv.	Voted in 3 of the last 5 City of A	ustin general elections	? ☐Yes ☐No	
◆ Follow-up n  If VES in	eeded related to REQUIREMENT lentify issue(s) addressed and dis	: <u>s</u> ? position:	□Yes □No	
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CONFLICTS OF INTEREST:  4. Did the applicant respond "Yes" to any conflict of interest questions?  If YES, indicate which question(s):	□Yes □No
Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:	□Yes □No
CONSISTENCY:  5. Are applicant answers consistent?  If NO, indicate which answer(s):	Дуеs ПNo
Follow-up needed related to CONSISTENCY?  If YES, identify issue(s) addressed and disposition:	□Yes □No
Application Reviewed By: Chang Shand Review Date:	2/27/13

Quality Control Review By:

Follow-up Contact(s) Reviewed By: